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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MANUAL PRESSURE IN PARTURITION.

By J. H. MAYNARD, M. D.,

Of Unity, Maryland.

An article in the *American Journal of the Medical Sciences*, showing by a detailed history of several cases the valuable aid derived from the external application of cold water as an oxytoxic, recalled to my mind the fact that I have seen very little in the literature of our profession with regard to another agent upon which I have confidently relied in all cases of labor protracted by uterine inertia, for the past year or more; and it is one which has never failed to arouse the lazy uterus to a proper and active performance of its parturient function.

The agent I alluded to is pressure with the open hand or hands properly applied to the part of the abdominal wall corresponding to the fundus of the uterus. Most of the text books with which I am familiar are either silent upon the subject, or they give to it a mere passing notice. Can it be that their authors were unacquainted with its marvelous efficacy?

I believe it was suggested in 1856 by VON RITGEN, and in 1867 KRISTLER first practiced it. My attention was first attracted to it by an article in the MEDICAL AND SURGICAL REPORTER, I forget by whom, and it being of so innocent and harmless a nature, I resolved to test it the first opportunity; and I did so.

The causes which trammel and impede the gravid uterus in its efforts to expel its contents are various and are often of so complex and serious a nature as to demand prompt and energetic medical, and it may be surgical, interference for their removal, and that being accomplished, the womb will at once resume its normal activity and the case proceed to a successful and happy termination. But these are delays which seem to be owing to no appreciable lesion, and it is in these cases that the agent with which I have headed this article acts so satisfactorily.

Ergot has been, and is still, relied upon by practitioners as the motive power to draw them and their patient out of the obstetrical mire into which they have fallen; and it will often succeed, but generally at the expense of the fœtus, whose life is often lost in the struggle. In my earliest obstetrical teachings my mind was awakened to this direful effect of this drug, and in all of my practice I have administered it but once as a parturient, and then the life of the fœtus was believed to be extinct.

I have repeatedly prescribed morphia sulph. to compose the patient, when she was being harassed by spurious labor pains, with the happiest effect. I have administered it to travailing women whose sufferings had almost exhausted their vital powers, and by temporarily relieving the pain, sleep, calm refreshing sleep, would be followed by rapid delivery. But morphia has been known to do harm, and if danger to mother or child should be heralded, we cannot remove the offending cause, when it is operating from within as we can a mechanical agent operating from without.

Now I seldom use anything but pressure. As soon as I find the uterus relaxing its expulsive efforts and spurious pains setting in, I at once apply my hand or hands, and all is soon put to right; the spurious pains are checked; the womb is aroused; true labor

pains are brought to work, and soon the wail of the new-born falls like sweetest music upon the ears of the hard-wrought mother and anxiously listening father.

I shall not attempt to give the *rationale* of the action of pressure. I leave that to be explained by some of my more erudite brothers. I can hardly believe that it is *pressure alone* which gives such a happy result, as it has been confidently asserted that the combined force which is brought to bear upon the fœtus in utero in order to accomplish the act of parturition amounts to a little over five hundred pounds. Hence I can hardly believe that such a great thing could be consummated by the comparatively slight additional pressure imparted by the hand of the accoucheur.

I will now give a brief history of one of the many cases in which I have so successfully and so satisfactorily used manual compression: Mrs. G., æt. about 30 years, small and rather delicately constituted, sent for me on the night of the 21st of last June. She stated that she had been suffering about five hours; her pains were quite frequent but very trifling. They seemed to be altogether spurious, the effect of which was only to excite and weaken her. An investigation elicited the information that her previous confinements had lasted from twenty four to thirty-six hours (this was her fourth confinement but the first time my aid had been invoked); that she had always suffered a great deal during her accouchment and afterward.

Having made a thorough examination into the state of the os uteri and its contiguous parts, and finding no cause to apprehend any serious obstruction or complication, I concluded, as I usually do in such cases, to wait awhile and watch. Two or three hours thus passed by, and nature's efforts to bring about the much desired result having failed, and as my patient's strength was evidently giving away under the morbid excitement, I determined not to wait any longer but to apply my sheet-anchor at once.

She had been up and down in the bed and out of it, walking the floor ever since I had been with her. So I had requested her to be seated upon a chair, with which request she readily complied, and as soon as she felt the effect of an approaching pain, I applied both hands to the abdomen, immediately over the fundus uteri, and gently but firmly pressed downward and backward, until the pain began to subside, when the pressure was immediately removed; and it was renewed at each succeeding pain until there were manifestations of more uterine activity, when it was withdrawn, and the patient again assigned to the hands of nature. But finding after awhile that the uterus was fast relapsing into its former unpromising state, I again applied the pressure, and in a very short time the uterus became so active and the pain so severe that my patient was sent to bed for investigation into progress. As soon as she was comfortably in bed digital examination was made, and the first object my finger encountered after entering the vagina was the funis, a large loop of it having slipped by the breech, which part I then found to be presenting, and lay coiled up there. There was evidently work before me.

A little more firm pressure rendered the uterus sufficiently active to be left to its own efforts, and my attention was directed to the fœtus and the presenting funis. As soon as the breech reached the outlet, which point it soon reached with the presenting part of the cord in advance, I desired the patient to assume the knee-elbow position, which was readily complied with and accomplished. Two fingers of the right hand were then inserted between the presenting breech and the posterior vaginal wall, carrying with them the then protruding cord above the fœtal crest of the ilium, when, as if summoning all of its force, the uterus made a vigorous effort and the child was delivered "safe and sound."

She was in labor about ten hours, less than half of any previous accouchment. No after trouble.

I prefer this manner of interference in protracted labor, on account of its efficacy and its safety to both mother and child. It is perfectly safe, because always fully and entirely under the control of the accoucheur.

STRANGULATED FEMORAL HERNIA OF ONE HUNDRED AND TWELVE HOURS' DURATION.

By George Hill, M. D.,

Of Hughesville, Pa.

Mr. George W. Lyon, æt. 78 years, had, for some time, a small *lump*, appearing and disappearing, in his right groin.

On Thursday, November 16th, at 10 o'clock A. M., he was taken suddenly ill with colic, and on Saturday morning, the 18th, I met his

attending physician in consultation. An oval tumor, somewhat larger than a hen's egg; the long diameter parallel with Poupart's ligament and the femoral artery pulsating beneath it, was found to be the cause of his pain and distress.

An operation was not immediately determined on until ice, warm fomentations, and other relaxing remedies had been more fully tested; for the doctor had already made a somewhat persevering effort by etherizing and manipulation.

On Monday evening (the 20th) at 10 o'clock the following dispatch arrived: "Wm. Lyon has had fecal vomiting for more than twenty-four hours; is very ill; come on." I wish to say that I do not hold the physician in attendance responsible for this great delay. Prejudice and fear of cutting are forces that too often baffle, more or less, the convictions of the well-meaning physician, especially when the parties who are his patrons have positions.

Having arrived the same night, after a drive of twelve miles, at two o'clock A. M., with the assistance of Doctor RAPER, I operated by making a vertical incision of two and a half inches in length over the center of the tumor. The strangulated knuckle of the colon had become adherent to the sack throughout, and required complete breaking up before it could be reduced, even after the stricture had been effectually dilated. A local peritonitis, to the fullest extent, existed; a condition similar to what is met with in regular idiopathic peritonitis *post-mortem*.

This accounts, of course, to some extent for the result in this case; it being an *imperfect strangulation*. The operation was rendered especially tedious by reason of the inflammation and adhesion, even of the various coverings of the hernial sack. Though the parts were as much relaxed as possible by position, it was only found safe to cut after pinching, raising and rolling between the thumb and finger of the left hand, the various coverings of the sack, which by the way, it seems to me, is the only safe plan to proceed in this operation in any case; and the stricture too is better overcome, certainly more safely with the handle of a common dissecting scalpel, especially where the arteries are pulsating on all sides. In view of the delay already spoken of and the condition of things generally, the prognosis seemed very unfavorable. Notwithstanding, however, in three weeks the patient was able to be about the room; and is now restored to health.

There are certainly some points of interest in this case.

1st. The great length of time (112 hours) the strangulation existed.

2d. The extent of disorganization of the intestine, approximating to all appearance, nearly as may be, gangrene.

3d. The great age of the patient.

One of the conditions, as I view it, which rendered a cure in this case possible, was the free outlet for the escape of morbific humors.

What an outlet will sometimes do in a great strait let the following report from another field suffice. Joshua Webb, of Lime Ridge, Columbia county, Pa., æt. about 45 years, became the subject of apparently an incurable, abdominal dropsy. I tapped him June the 15th, 1852; removed 32 pints of fluid. The second tapping occurred August 22d, 1852; amount, 34 pints, with no better prospects for the future in any respect. Having reduced the patient once more to fair proportions, snugly bandaged him, and emphatically telling him what not to do, I bid him farewell for the present. When, fortunately, contrary to directions, he walked (the day being oppressively hot) to the basement of his saw-mill, and lay down near the water and fell asleep. He awoke with a violent chill, which was followed by excruciating pain and great tenderness throughout the abdomen. I had before *written this case a forlorn hope*. Now, I had in addition, a case of acute peritonitis, and especially should I have been grateful for the placebo or catholicon, that would have *let him down easy*. But to my utter surprise and pleasure, after a few days of great suffering, a sero-purulent discharge was set up from the opening in the linea alba—his pain gradually declining; and the result was, that by the next tapping period, this freak of my disobedient patient resulted in an absolute cure.

Vitality Statistics.

In New Jersey the reports filed in the proper department show that in that State, during 1871, there were recorded 6,467 marriages, 19,103 births and 9,526 deaths. The figures for Burlington county are, marriages, 214; births, 762, and deaths, 634; for Camden county, marriages, 300; births, 913, and deaths, 416; for Gloucester county, marriages, 150; births, 515, and deaths, 194.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. Hayes Agnew.

[REPORTED BY DE F. WILLARD, M. D.]

Fibro-Sarcomata.

This man, æt. 58 years, presents himself with a large mass situated in the left groin, or more accurately speaking, there are four or five masses, lying along Poupart's ligament as far out as the crest of the ilium, and down upon the thigh. They are hard, dense, and inelastic, and vary in size from that of a walnut to a large egg. I find that they are not adherent to the skin, and as the thigh is flexed upon the abdomen, you will notice that they become freely moveable, but when it is extended, they are much more fixed. What does this signify? It simply assures us that they are attached to the deep fascia, that strong, dense membrane which covers in all the muscles of the thigh, and becomes thinner as it gradually reaches the sartorial portion. They have very much the appearance of enlarged glands, yet are not quite as regular in form. Two years ago I removed a similar, though smaller, growth from this same region, which had been growing for ten years, but in six months it commenced to reappear, and now, in eighteen, has attained the size which you see.

The cicatrix of the old incision is plainly visible, but these tumors are situated at points in close proximity, or a distance of a few inches. To the cicatrix the skin is adherent, but at other points there is no attachment. In one or two places the integument is red and inflamed, presenting much the appearance of a pointing abscess.

The man is red and florid, yet he informs us his health is not as good as it was one year ago. He has suffered but little pain, yet of late a few twinges are perceptible.

Now what is the nature of these growths? I know from the former observation that they are fibrous in their character, and now, from the clinical history and appearance, we can be almost certain that they are fibro-sarcomata—"recurring fibroid," as Paget called them. As a rule these tumors are composed chiefly or entirely of oval or elongated or filamentous cells, resembling the so-called fibro plastic cells, together with other developing embryonic structures, and with little or no intercellular substance. When the fibrous element predominates we have the true fibro-sarcomata. When these embryonic structures are found in excess, the prognosis is rendered much more unfavorable. In pure fibroma the growth is usually central, and they are not infectious; that is, neighboring portions do not unite, infiltrate, and cause degeneration of the surrounding tissues. If they are infectious they are usually fibro-sarcomata.

By sarcomata I include all tumors described by Billroth as consisting of tissue belonging to the development series of connective tissue substances (as connective tissue, bone, cartilage), which as a rule, do not go on to the formation of a perfect tissue, but to peculiar degenerations of the developmental forms. I believe he also includes muscles and nerves among the tissues liable to this form of degenerate development; but others exclude them.

The name sarcoma does not necessarily imply that a growth shall have the appearance of flesh (from sarx), for it may be yellowish or white or brown or gray, dependent either upon its vascularity or to blood extravasations in its interior Different forms of cells are often seen in the same sarcomatous mass.

Sarcomata vary in their character, from the most benign to the most malignant forms, and it is unfortunate that the microscope is, as yet, unable to yield a positive diagnosis, and we must depend upon clinical observation.

The prognosis will depend upon the consistence, location and rapidity of the growth. Slow progress is favorable, as is also firm consistence. The worst forms are the alveolar, soft granulation, spindle-celled and black forms.

In the recurring forms the return is, as in the case before us, at or near the former seat, at which place it may continue to reappear after several operations, or until at last some other organ, as the liver or lung, becomes likewise implicated and the patient dies; yet this may not be until after many years, especially in these fibro-sarcomata.

This is quite different from carcinomata, as you will see, and for the reason that the latter are more general or constitutional in their forms. They are also apparently transmitted by the lymphatics, while sarcomata follow the course of the veins, and are consequently secondarily found most frequently in the lungs.

A fibro-sarcoma is also more likely to return in loco, from the fact that it is not definitely limited or encapsulated, and portions may, therefore, remain unremoved, a circumstance which would almost certainly assure a speedy reappearance.

In this man's case I endeavored to extirpate everything at the other operation, but it has returned, and I have told him that it may do so again. This time, however, I shall be still more careful, and carry my incisions far out into the healthy tissues. I shall also remove a considerable portion of the integument, and if the wound cannot be brought together will allow it to heal by granulation. The growth is attached to the deep fascia, but there is no great danger in the operation, the great vessels only being avoided at the inner portion of the incision.

(The large, dense masses were then removed, and the wound partially closed. Carbolized oil was used as a dressing, followed by simple cerate, and later by ung. zinc. oxid. with an occasional gentle stimulant. Under this treatment it healed rapidly.

The microscope showed the tumor to be

composed of round and spindle-shaped cells, the latter being in excess. It will probably return.—De F. W.]

Varicose Veins.

Here is a man who is suffering from a dilated condition of the veins of his lower extremities. You will see the large tortuous dark vessels as they rise up beneath the skin at all points from the knee to the inner ankle. They are branches of the internal saphena, which is a vein peculiarly liable to this malady. It arises from a degeneration of the coats of the vein, rendering them unable to resist the strain brought to bear upon them when the patient continues long in the upright position. The danger from this difficulty arises from the fact that the dilated calibre renders the valves ineffective to support the weight of the column of blood, and stasis necessarily occurs. In consequence of this, a slow form of inflammation is likely to result in ulceration and sloughing, which is often exceedingly difficult to cure, in fact, these varicose ulcers are one of the most troublesome surgical maladies with which you will meet, resisting all forms of treatment, for the simple reason that the cause is constantly in operation, and nutrition is impaired.

The means proposed for the relief of these varicosities are various. These veins are so superficial that it would seem a simple matter to obliterate their calibre, and such operations are frequently done, yet after a considerable experience with them in various forms I am compelled to say that I cannot recommend any. They are to a certain degree unsafe, since phlebitis will occasionally follow their use, no matter how carefully done, and farther, they cannot be curative, since the same disease of the veins must remain, and the current being thrown now upon the deeper vessels, will produce a like condition in their calibre, which, though unseen, is yet more detrimental to the healthy nutrition of the tissues.

At times, however, the operation is justifiable as a temporary relief, or in order to cure an obstinate ulcer. The object is to produce obliteration, and this may be done by forming a slough with caustic-potash or Vienna paste, or by a division either directly or subcutaneously, or by various plans of ligature. I would recommend either the plan of passing pins beneath the vein at several points, and throwing around them a figure of 8—suture, which should not be allowed to remain in position long enough to ulcerate through, but simply to arouse sufficient inflammation to favor adhesion of the walls; or else producing over two or three points of the main trunk of the vein, an eschar with Vienna paste. Any operation, however, is seldom advisable, but I shall rather direct this patient to procure an elastic web stocking, which, by equalizing pressure, will nicely support those weakened vessels. Such support might be given temporarily by a bandage, or by a laced stocking, easily made by splitting up an ordinary stocking and running a lace-string through eyelets upon one side.

Editorial Department.

Periscope.

Tr atment of Ozæna.

Dr Prosser James says on this subject: In every case local measures should be resorted to, and in the great majority, constitutional remedies are indispensable. The first point is to clear away the discharges. Until this is accomplished, the diagnosis itself cannot be made. "What," said the author, "can the most skillful use of the rhinoscope show on a surface covered with discharge?" The use of the nasal douche was said to be then the first measure. This will probably have to be continued assiduously. At first common salt, chlorate of potash, carbonate of soda, or other alkali, should be used in the proportion of a teaspoonful to a pint or a quart of tepid water. Other substances had also been used by the author, and amongst them chloride of aluminum. This gave fair results, but the best remedy was a permanganate. The comfort this gives to patients is remarkable, and under its persistent use, the membrane assumes a healthy appearance. It at once removes the fœtor in many cases, and this is all in all to the patient. A weak solution may be employed at first, gradually increasing it until it produces a little smarting, for it should not be forgotten that this substance is a powerful caustic, one of the best and safest we can employ. Ulcerations and erosions may be touched with a strong solution or with a paste, and the whole membrane thoroughly and frequently washed with a weak solution by means of the nasal douche, the atomiser, and camel-hair brushes. Mercurial lotions are used by some, but are not so effectual as permanganates, and the risk of absorption, after the recent case of a far more justifiable resort to the mineral, cannot be overlooked. Various powders by insufflation

are sometimes effectual, though this mode of medication has serious drawbacks. Inhalation of vapors, especially that of iodine, is often of great value. Of course, small abscesses are to be opened, pieces of exfoliated bone removed, and other ordinary indications carried out. With regard to constitutional treatment, scrofula has already been mentioned. Anæmia and any cachexia may be present, and if so is of the greatest importance. Then as to syphilis. It must always be treated through the system. Some would use mercury for syphilitic ozæna, but the author does not employ it. Sir B. BRODIE thought it hastened the separation of dead bone. Mr. HENRY LEE, had mentioned to the author some cases that benefited by calomel baths. The author would rather iodize than salivate. He gave iodide of potassium in large doses. The dose is to be measured by its effect on the disease, and the ability of the patient to bear it.

Although iodide of potassium is the most common form of administering iodine, one object of this paper was to bring before the Society the value of other preparations of the metalloid. The author had obtained important results in syphilitic diseases of the throat, nose and mouth, from other iodine salts. It is clearly not the potash which cures syphilis, and feeling this he gave full trial to iodide of sodium. Soda is a constituent of the frame, and is always more easily assimilable than potash. The sodiac salt is more pleasant to the taste. Weight for weight it contains more iodine than the potassic salt. It can frequently be taken by patients who cannot tolerate the more commonly used salt. When abroad, the author learned that his experience was corroborated in the Vienna hospitals.

Iodide of calcium was also pronounced an excellent preparation. It is easily borne by the system, and much more agreeable to take. It may in fact be used as a substitute for table salt. It is really desirable that the profession should recognize that all the salts of iodine are not so unpalatable as the one in common use. A specimen of iodide of calcium was exhibited, which had been prepared for the author by his accomplished friend, Mr. TICHBORNE, of the Dublin Apothecaries' Hall. It was, when formed, a beautiful crystalline mass, but had been broken up. The iodides of sodium and calcium were introduced to the Society, because though often used abroad, they had not been employed much in this country, while the iodide of ammonium since being introduced by Dr. RICHARDSON was frequently used. Idoform was also mentioned by the author; but its therapeutic properties seemed to require further investigation.

Treatment of Erysipelas.

In the *Deutsche Klinik*, No. 39, is a paper from the pen of Professor ESTLANDER, of Helsingfors, upon "The Subcutaneous Injection of Morphia in Traumatic Erysipelas." He states that he employed this injection originally in his clinical practice, in combination with the so-called abortive treatment (chiefly by means of tincture of iodine), mainly with the view of relieving the heat, tension, and pain of the inflamed skin. It was soon found, however, that the morphia must have exerted other effects also, so quickly was the course of the disease mitigated. It was, therefore, used in a series of cases as the sole local remedy, and the conviction became established that it must have exerted a direct influence on the inflammatory process, diminishing its intensity and arresting its progress. When the limits between the inflamed and healthy portions of the skin are not very clearly defined, and the process manifests itself in the form of large red spots gradually approaching each other, if we inject near the affected parts we usually find next day that the erysipelas has not extended farther, or has done so only to an insignificant extent. In cases in which the limits of the reddened and swollen skin are well marked, if we make some injections in its vicinity, we may find that the inflammatory process, which during the preceding twenty-four hours had made considerable progress, is sometimes at once arrested, but more frequently it continues in a diminished degree, gradually yielding in the course of a few days to a continuation of the treatment.

In the worst cases of erysipelas ambulans, as in the severe epidemic form, or where a peculiar disposition of the individual prevails, the morphia exerts as little effect as any other of the so-termed abortive remedies. In estimating how far the results depend upon the peculiar nature of the erysipelas itself, and how much they are ascribable to the injections, Professor ESTLANDER has undertaken many comparative trials, and he could relate many cases in which, while a rapid improvement followed the use of morphia, other cases treated at the same time, either expectantly or by means of other remedies, were much slower in their progress. Still, he is too well aware of the capricious character of erysipelas to venture to deliver any categorical judgment upon the subject. But a five years' experience has convinced him that these injections constitute a better mode of treating erysipelas than many other means.

For the injections, two grains of the chlorate or acetate of morphia are dissolved in a drachm of water; and as Luer's syringe holds about a quarter of a drachm, of which a quarter or a half is injected, it follows that the dose varies from one-eighth to one-quarter of a grain. As, so far from the erysipelas ever appearing at the small puncture-wounds, these and their immediate vicinity are always respected by it, the dose may be distributed over different parts of the healthy skin, at a distance of one or two inches from the limits of the inflamma-

tion. Usually the injection is made only once in the twenty-four hours.

Professor Estlander has no intention of proposing this as an exclusive method of treating erysipelas, believing, on the contrary, that one of its advantages is that it admits of the simultaneous use of other means. He has tried, indeed, all the various other remedies which have been recommended, and regards the tincture of iodine as the best of these. As soon as from shivering and the appearance of the wound erysipelas seems threatening, he administers an emetic, a means which he believes is nowadays too much neglected, and one which he believes conduces to moderation of the disease. The morphia is next injected, either as the sole means or in conjunction with a daily painting with iodine, employing afterward wadding and compression by a roller were practicle. Ipecacuanha with phosphoric or sulphuric acid may afterward be administered. The sesquichloride of iron, once regarded as a specific, is of no real utility.

Electricity in Diseases of the Skin.

Dr. GEORGE M. BEARD gives the following experience with electricity in cutaneous affections in the *American Journal of Syphilography and Dermatology*.

Eczema.

This disease I place at the head of the list, for the reason that I have found more rapid and uniform results from the electrical treatment in this than in any other diseases. I have treated the chronic forms in different parts of the body, and in nearly all cases thus far with immediate relief of the distressing pain, and ultimate cure after a course of treatment. I have used for this affection, almost exclusively, the *galvanic* current, with the negative pole on the diseased surface. Patients have come into the dispensary declaring that the distress is so great that they would be glad to have the suffering part amputated, and after an application of from five to fifteen minutes, have gone out entirely relieved. This relief lasts for several hours, sometimes for days, and the pain grows less and less, until the cure is accomplished.

Psoriasis.

In its relation to electro-therapeutics, may be divided into three classes: (1) Those which yield completely and with tolerable rapidity. (2) Those who are benefited only up to a certain point. (3) Those which receive but little, if any, benefit. Judging from my own observations, I should say that the latter class (those who do not yield at all) are in the minority. Some cases progress very slowly, and need months of treatment. The negative pole of the galvanic current seems to be more efficacious in this disease than any other method. For the sake of economizing time, however, I frequently use both poles, with broad electrodes. In one case—a patient of Dr. Conkling, of Brooklyn—where hemiplegia was complicated with psoriasis, I was unable to treat the psoriasis, because I feared that the reflex effect of a galvanic current sufficiently strong to be of value would injure the sensitive brain.

Pityriasis.

My observation of the electrical treatment of this disease is confined to two or three cases. In my first case, to which I have before referred, when I used the faradic current I accomplished nothing.

The dry hair is a non-conductor, of electricity, and therefore, in treating pityriasis of the scalp, it is necessary to thoroughly wet the head on all those parts where it is desired to make the applications. I have now under treatment a case of pityriasis that has certainly been very much improved by a course of galvanic treatment. The disease, which is of several years' standing and resists medicinal treatment, affects the scalp, and appears in patches on the trunk. In her case I have used Garrat's electric disk, directing the patient to wear it by turns on the larger patches on the abdomen. The disk appears to be of some service. It is the only case of disease of the skin in which I have experimented with it. If the very mild current afforded by the electric disk, or by any similar contrivance, is capable of any therapeutical effect, then, surely, this effect ought to be exhibited in diseases of the skin.

Prurigo.

If electricity could do nothing more than relieve the itching of prurigo, it would be entitled to honorable place in the armamentarium of the dermatologist. Dry faradization alone may bring relief in a very few minutes, and, when perseveringly used, may cure. I have seen immediate relief follow general electrization used in the ordinary method with wet sponges.

Lichen.

I have had no opportunity to treat a marked case of lichen; but there is every probability that electricity would accomplish as much in this affection as in the other symptoms of the so-called dartrous diathesis.

Anæsthesia.

For the curable cases of cutaneous anæsthesia, faridization is a specific, if any remedy can be said to be a specific for anything. Even cases that depend on incurable central lesion may improve very decidedly under treatment. In cases of paralysis of motion and sensation, the sensation may be partially or completely restored under electrical treatment, even when the loss of motion remains unchanged.

Anæsthesia is a condition for which the electric brush is particularly indicated. Of this condition Dr. Rockwell and myself have treated a large number of cases.

Acne.

If I were to judge from my own limited experience in the treatment of acne, I could not

speak very encouragingly. I fear that in one or two cases I have used too strong currents. In one case of acne of the face the galvanic current certainly aggravated the disease.

Parasitic Diseases

Of the skin yield so well to ordinary treatment that I have felt but little tempted to experiment on them with electricity.

The question that has often been asked me, whether parasites on the skin can be killed by a current that the patient can easily bear, I am unable to answer.

At the Demilt Dispensary, I have now under treatment a case of favus, on which we are trying the effects of galvanization. The advantage of electrical treatment, if it should be proved to be successful in a reasonable time, and with mild currents, would be that it would save the trouble of depilation.

Intracranial Disease.

At the Clinical Society of London, Dr. MOXON related a case of "Intracranial Disease" cured by iodide of potassium. A young man, æt. 21, was admitted into Guy's Hospital, under Dr. Moxon's care, having been ill six months. The illness came on with severe headache; in about three months ptosis and ocular paralysis of the left side commenced, and as it went on the left fifth nerve also became involved, and the right hand grew partially numb. When admitted he had agonizing pain in the head. The left eye was intensely red, and its cornea ulcerated; it was almost immovable, and the lid was dropped. He could not feel moderate touches on the left face, nor taste salt on the left tongue, nor use left masticating muscles. He had two slight seizures of a doubtful kind on the first two days after admission. Iodide of potassium was given in three-grain doses thrice daily, and the dose increased to a scruple. He gradually got better of all his symptoms. The pain left him very soon; the other symptoms more gradually. He was in attendance at the Society's rooms, and the state of his left face and eye was practically normal again. The points to which attention was directed were chiefly these. That this is the third case of syphilitic disease about the sella turcica Dr. Moxon had met with. This he connected with the growth of the sphenoidal sinuses there, bringing in illustration the occurrence of exostoses very frequently about the frontal sinuses, and of exostoses on the long bones at the region of the epiphysial cartilage; all these facts going to prove that the seats of late development are unusually liable to disease. Dr. Moxon believed that it was incumbent on every one who had a case of local intracranial disease come under his care, to treat it at once with iodide of potassium, without waiting to make out its nature. He had not seen any serious ill-effects from the iodide when taken to the extent of a drachm in the day for long periods. Slight salivation, a red rash, and catarrh were not common, though they occasionally occur; and they are by no means to be compared with local intracranial disease as alternatives. As to absorption of the testes, he had never seen it. The iodism of old authors was probably referred to the poisoning of the blood by the absorption into it of broken-down matter of goitres during their cure.

The Histology of Fatty Tissue.

The *London Medical Journal and Gazette* says: Fatty Tissue has been the subject of an elaborate memoir by FLEMMING, in which its formation, its relation to connective tissue, and its retrogression into the latter are discussed. His observations were made on embryos and newly born animals (guinea-pigs and puppies), and also on animals artificially fattened, in order to make sure that the fatty tissue should be in the condition of increase; also on animals in a state of progressive emaciation. He is in agreement with most of the physiological and pathological observers on the point that fatty tissue is nothing but a modified connective tissue. Flemming finds that the development of fat is always dependent on the vessels. The first deposit of fat takes place in the *tunica adventitia* of the blood vessels, so that adipose tissue might in fact be called a loosely spread adventitious coat of the vessels. Moreover, the fat does not accumulate round newly formed outgrowths of vessels, but rather round those which are completely formed and comparatively thick. The production of fat takes place only in isolated foci round certain vessels of the fatty lobule, while other quite similar vessels show nothing of the kind.

The fat does not appear at first, as observed by Czajewicz, in the periphery of the lobules, nor is it contained, as has been asserted by other observers, in special smaller cells. A certain quantity is accumulated in the walls of the larger completed fat-cells, and a small number of fatty molecules are seen free, perhaps in conquence of the mode of preparation; but most is seen in what are believed to be fixed connective-tissue cells. Migratory cells are seen in great abundance, but are not different from the white corpuscles of the blood, and do not contain fat. The genuine young fat-cells have no membrane, and look at first sight like a heap of fatty molecules, varying in size; they are angular, or spindle-shaped, or polygonal, and only when they contain several larger drops of fat are they round. The smallest of them hardly exceed in size the normal fixed connective-tissue corpuscles.

In his observations on the wasting or absorption of fat, Flemming comes to the conclusion that fat-cells become ultimately converted not into a "serous fat-cell," as has been said, but simply into the ordinary flattened connective-tissue cell; in fact, that the

process is entirely converse of that seen in the production of fat.

His general results are, that fat-cells are formed out of the ordinary fixed elements of connective-tissue, and can, by the loss of their fat, return to the condition of such connective-tissue cells again, and that there is no special preliminary tissue, and that the name of adipose or fatty tissue is accordingly superfluous. The "mucous tissue" of Virchow has no special relation to fat; it has merely the characters of all embryonic connective-tissue.

The passage of fat into the fixed connective-tissue cells is not to be explained by its transmission through plasmatic channels communicating with connective-tissue corpuscles. The existence of these channels Flemming does not admit; but he proposes the hypothesis that fat circulates in, and passes out from, the vessels in a liquid form, and then, being absorbed by the connective-tissue cells, is precipitated in their substance.

The remarkable localization of the production of fat, he thinks, depends upon the dilatation of the vessels at particular points, and he sees another evidence of this dilatation in the large number of migratory (extravasated) cells at these points.

The Treatment of Headache.

In the REPORTER for February 3 we quoted Dr. Wilk's views on headache. We now give those of Dr. BRADNACK in the *Buffalo Medical and Surgical Journal*. When the predisposition is strongly marked, it is hardly an exaggeration to say that almost anything may act as an exciting cause of these headaches. The exciting causes are, to use a popular expression, almost too numerous to mention. Prominent among them, however, in my existence are the following: Mental emotions; excessive brain work; ingestion of improper food, or, of too large a quantity of proper food; cold; heat; constipation (especially a loaded condition of the rectum); abuse of stimulants, as alcohol and tobacco; the improper use of opium; and so on. In the female they may be amenorrhœa, dysmenorrhea, uterine or ovarian irritation; uterine displacements, especially retroflexion or retroversion of the uterus, by reason of their pressure on the rectum, thereby causing obstipation, or inducing constipation of the bowels.

I have observed, that in every case of periodical headache I have treated, or with the history of which I have become acquainted, without one exception, constipation, often chronic, prevailed, which leads me to remark, that in some unexplained manner the pressure exerted upon the rectal nerves by a fecal cylinder, appears invariably to aggravate these headaches, and doubtless frequently acts as a causative influence.

Inasmuch as one of the specific effects of alcohol is to induce cerebral congestion, it is manifest that an excessive use of this article must, of necessity tend to excite the affection in question. That it does so excite it, is, I believe, provable by irrefragable evidence. This remark will, of course, apply with increased force to the use of opium. That the phenomena of cerebral congestion and anœmia are regulated by the vaso-motor nerves recent histological researches appear to have demonstrated. If this be really so, we have here a key to many mysteries; for, if it be, as it undoubtedly is, a fact that certain drugs have the power to affect these nerves, and thereby either to dilate or constringe the arteries to which they are distributed, we find ourselves furnished with indications of the highest importance as to treatment, if not with a perfect therapeutical key.

But after we have enumerated all the known exciting causes of this disease, we shall often find ourselves quite in the dark, both as to the pathology and treatment, if we fail to allow for, in at least many instances, an *occult, subtle and inexplicable constitutional tendency* to this malady, which can no more be explained or accounted for, than can the phenomenon of menstruation, or the existence of individual idiosyncrasies. Time spent in an endeavor to discover and elucidate the nature of this tendency, would probably prove to be as effectually wasted, as if spent in the mathematical endeavor to trisect an angle. It is sufficient for practical purposes to take this tendency into account, and to allow for it.

Having, I trust, as hearty a disbelief in, and dislike of, most so-called specific plans of treatment (believing it to be usually quite impossible to lay down any specific or invariable treatment for disease), I nevertheless venture the statement that, for periodical congestive cephalalgia we may employ a method of treatment, which, if not specific, aproximates so nearly to a specific character, as to, in many instances, honestly deserve the appellation. I am aware this is a strong statement, but I am, (I trust not unreasonably) so confident of its truth, as to be anxious to subject it to the *experimentum crucis* of actual test, in the faith that when weighed in scientific balances it will not be found wanting.

The treatment of this malady divides itself naturally into to parts: first, that proper during the attack; second, that appropriate in the interval. I believe we possess remedies capable, in most instances, of entirely, or nearly entirely, allaying the pain during the attack; and others administered during the intervals of effecting in a few months a permanent cure. To say that I have wholly originated this method would be to make a strong claim; but, that it has never in this disease been systematically employed before, I am certain.

In the proposed treatment of this disease, we, of course, adhere to general principles. If there exist complications, whether or no they assumed to act as exciting causes, they

should be removed, or, so far as possible, palliated. If there be constipation, the usual treatment for constipation is indicated. If examination reveals the existence of a uterine displacement, it should be remedied. If tobaccos are used in excess, they must be either discontinued or used in moderation. Suppose the treatment to be commenced the day after an attack of headache. Assuming the non-existence of any important physical lesion I find it advantageous, provided there are no contraindications, to begin by the administration at night of one or two of the following pills which, during the entire course of treatment (say six months), may be given once in three weeks:

℞. Mass hyd.,
Ext. coloc. com.,
Pulv. aloes soc., aa. ℈j.
Pulv. ipecac., gr.vj M.
Ft.—pil., no. xij.

This pill to be followed in the morning by one drachm of sulphate of magnesia.

As a permanent medicine, I then prescribe three drops of liquor potassæ arsenitis, to be taken in one drachm of water after each meal, for certainly three, and usually six months, its use being suspended one day every three weeks when the above pill is taken.

If the patient be delicate, and complains much of coldness of the extremities during the attacks, and frequent chilliness during the intervals, the following prescription is substituted for the liquor potassæ arsenitis:

℞. Liq. arsenicalis hydrochlor., ℥ss.
Quiniæ disulphat., gr.xij.
Liq. ferri perchlorid, ℥ij M.
Aquæ, f℥vj.
S.—One tablespoonful in a wine glassful of water, twice a day, after meals.

When an attack of headache begins I adopt the following plan, with minor modifications according to existing circumstances and complications. I direct the patient to sit in an easy chair (avoiding an incumbent position, as tending to cerebral congestion by means of gravitation), and to place his or her feet in a a hot bath of mustardized water, the hands also in a similar hot bath, minus the mustard; and if it can be tolerated (though females frequently cannot tolerate it) a bag of pounded ice to be placed upon the head, covering as much as possible of the occipital region, and thereby bringing a decongestive influence to bear upon the cerebellum and the medulla oblongata. These accessory measures to be followed by a dose of the following medicine:

℞. Potassii bromid., ℥vj.
Ammon. bromid., ℥ij.
Potassii iodidi, gr.vj. M.
Infus columbæ, f℥ix.
S.—One dessert spoonful in an ounce of water.

One or two doses of this prescription will usually suffice either to very greatly palliate or else entirely relieve the most distressing and agonizing headache, provided only it belongs to the class under consideration. But, to produce its best effects, this remedy should be administered as early as possible after the comencement of the attack. In some cases patients experience prodromic symtoms. When these occur, the threatened attack may often be rendered abortive by the timely administration of the medicine.

The Treatment of Hepatic Dropsy.

Dr. W. R. Basham, M.D., writes to the *Practitioner*: There is no form of dropsy more amenable to treatment at its first occurrence, or in its early stage, than hepatic dropsy, arising from engorgement of the liver, or even hypertrophy of that organ caused by the abuse of alcoholic drinks. It is a disease of frequent occurrence in our wards, and consequently repeated opportunities are afforded of measuring the influence of remedies and laying down some general principles of treatment. The efficacy of treatment is proportioned to the stage or period in which it is commenced, as well as to the absence of any complication in heart or lungs.

If the accumulation of fluid in the belly be of some month's duration; if the anasarca of the lower extremities be on the increase; if the abdominal surface be tense and shining; if the marking of the wall by the inosculation of the superficial branches of the external epigastric veins with the external mammary veins be well marked; if the urine be scanty, loaded with lithates stained deeply with purpurine; and lastly, if the urine be, however slightly, albuminous, remedies are of no avail; the disease (cirrhosis) has reached its last stage, and no arrest in its progress can be expected. If, on the other hand, the dropsical state be recent; if the distension of the abdominal walls be moderate; if the anasarca of the lower extremities be trifling; if there be no evidence of enlargement of the superficial abdominal veins, and the urine be free from albumen—then the prospect of relief by appropriate remedies is encouraging, and often leads to an apparent cure of the engorged or hypertrophic state of the liver. The term *apparent* is designedly employed because the record of many cases, in which the disappearance of the ascites, the restoration of the digestive functions, and the nutritive processes generally, sanctioned the result as one of present cure; yet probably from the return of the patient to the vicious habits which originated the disease, in a year or more the ascites returned, followed by evidence of a contracting or cirrhosed liver, and consequently a state of disorganization of structure hopelessly beyond all prospect of mitigation or relief.

The ordinary history of these cases of hepatic dropsy consists of an antecedent period of gastric disturbance, characterized chiefly by defective appetite, occasional retching, and some degree of epigastric tenderness on pressure. The most common symptom in refer-

ence to the stomach is morning retching or even vomiting; on first rising a hacking, irritable kind of cough, without any expectoration, is followed by an effort of retching, with probably a copious expulsion from the stomach of a white frothy mucus; this represents a form of what may be appropriately termed gastric catarrh. In ninety-nine cases out of a hundred the remedy to which the patient resorts, while it momentarily relieves the irritable stomach, perpetuates the original mischief, augments the vascular congestion of the gastric glands and mucous membrane, and leads still further to disorder in the hepatic circulation. The remedy thus all but universally selected by the patient or his friends is a stimulant in some form or other—rum and milk, gin and milk, gin and bitters, and a host of similar concoctions familiar to the host and hostess of every public house, and known to them to be in popular demand in the early hours of the day. This state of gastric catarrh, temporarily relieved by these drams, is but too often accompanied by an almost total inappetency and even distaste for solid food. Patients will often declare they have not eaten two ounces of solid food at any single meal for months. Drink is their only food. Flatulent distension of the bowels, sluggish action, and scanty high-colored urine, continuing for some time, will mask the commencement of the presence of fluid in the belly; sometimes the patient complains of a heavy dragging weight in the right hypochondrium, particularly if he reclines on the left side.

Most of these symptoms pass by unregarded; they are not urgent enough to cause a cessation from work—and probably it is not until an increasing size in the abdominal girth, marked by the necessity of letting out the waistband, or stays, according to sex, that the patient seeks medical advice, and the real state of things becomes at once revealed. It is at this juncture, this early stage, that the greatest benefit is derived from active treatment. The use of all stimulants must at once be discontinued. The stomach should have absolute rest for a day or more; a blister to the epigastrium, kept open for a few days, tends materially to lessen the irritability of this viscus. The medicinal agents of more service at this stage are brisk mercurial purgatives That valuable, though now too much neglected, preparation of calomel should be selected. Five or even ten grains, with half a scruple of the bicarbonate of soda and a little powdered ginger, should be given over night, about twice a week, and a warm aloetic purgative in the following morning.

If the bowels require still stronger purgatives, the calomel may be given in combination with jalap, or colocynth, to be followed by some saline mixture in the morning. Half a grain of podophyllin with colocynth is also most efficacious as a purgative. Two or three days' treatment on this plan will bring the digestive function to some degree of activity, and the patient will often say he feels an appetite and desire for food such as he has not known for a very long time. Great caution is needed in these cases to regulate the diet. In hospital practice this is not difficult, but in private life many circumstances combine to render strict attention to dietetic rule a troublesome matter. The all but innate belief amongst this class of patients in the harmlessness of the stimulants they take, and of their efficiency as remedies for almost every ailment, renders abstinence from them almost impossible, unless the patient be under the wholesome restraint of hospital treatment.

Indications for the Employment of the Catheter in Old People.

M. GUYON, in one of his clinical conferences at the Hôpital Necker, lately remarked that retention of the urine is very common in old men, depending generally on affections of the bladder, or of the neck of the bladder, or of the prostate. Many cases of supposed vesical paralysis are in reality due to prostatic disease. Retention of urine in old people displays itself by symptoms that are eminently variable. Sometimes these symptom are strongly marked; the patients require to micturate frequently, and in doing so experience pain and burning heat which lasts for a long time; there may even be constitutional and febrile symptoms. In other instances, again, the symptoms are by no means prominent, especially in those cases where the bladder is but little contractile; the retention is then only indicated by percussion, palpation, and catheterism, the latter alone in many cases being reliable evidence of its presence. But this indication that catheterism should be adopted as an exploratory means is somewhat delicate, for the operation is not always inoffensive, and the patient suffering but little subsequent troubles may be attributed by the patient or by his friends to the injudicious interference of the surgeon. If, however, the symptoms be well marked, then there is no room for hesitation, and M. Guyon even goes so far as to say that the catheter should be passed in the case of every old man who evacuates the contents of his bladder imperfectly. He thinks that it is not necessary that it should enter the organ on the first occasion, since, if only introduced as far as the neck, it habituates the tissues to the contact of instruments, and indicates, in part at least, the seat of the disease. Stoppage of the flow of water is always a serious symptom in old people, and the best advice that can be given to them is to be sounded either with a simple sound or with a catheter, and that frequently. Indeed, if relief be not speedily afforded to such patients, dangerous symptoms soon make their appearance in the form of rigors, purulent urine, and violent reaction.

Purely medical treatment is of no service in such cases, and he gives an instance in

point. In 1869, in the month of September, M. Guyon had in his wards a man æt. 48, who, after having been treated by ordinary remedies and by rest, left the hospital, but returned in January, 1870. He was now suffering from orchitis and distinct enlargement of the prostrate; he passed water frequently; the urine was thick, but was voided in sufficient quantities to lead to the belief that the bladder was thoroughly emptied. On the 1st February there was some fever present, and on the catheter being introduced about four ounces of urine were drawn off, and on a second occasion about six ounces. He was sounded four times, and was then told to sound himself. No other treatment was adopted. On the 7th the urine was clear yellow, and on the 15th he was able to remain five hours without urinating. Catheterism practiced in his case twice a day caused no return of the epididymitis. In another case, occurring in a dyspeptic subject, all the symptoms of cystitis were present. For a long time M. Guyon hesitated to sound him, and for two months he was treated medicinally without effect. At length he was catheterized, and the urine drawn off. The symptoms immediately diminished in intensity, and from this moment the urine, which had up to that time been troubled and imperfectly discharged, become limpid and even entirely evacuated. A third patient passed blood, and was obliged to remain in the recumbent position. After careful exploration M. Guyon recognized the existence of retention of urine, and passed a catheter. From this time all the symptoms of stone of which the patient complained disappeared. Thus not only stoppage of the flow of water occasions grave accidents, but it stimulates other diseases; it causes alterations of the walls of the bladder, and provokes cystitis. When the bladder is greatly distended, however, it is imprudent to evacuate it completely. The frequency with which catheterism should be repeated is an important question. No absolute rule can be laid down, but it may be performed every five hours; but commonly the instrument should only be passed when there is intense desire to urinate. If, however, he experience but little or no inconvenience, it should be passed at regular intervals. As a rule, the permanent retention of the catheter in the bladder is to be avoided, except perhaps in cases when the desire to pass water is very intense and frequent, or when the introduction of the catheter is very difficult. M. Guyon cites a case where it was worn for two years. It should in general be fixed in position till the bladder is habituated to catheterism. As adjuvants to the above treatment, injections may be employed, which may be hot or cold, or medicamented as occasion may require.

Treatment of Corneal Abscess.

The transaction of the American Ophthalmological Society contain the following notice of Prof. ARLT's treatment of this complaint:

He says: when we have an abscess we must treat the patient as if already suffering from *iritis*, since this, if not already present, may occur any minute. The eyes are to be protected from strong light and accommodative efforts, and the iris kept under atropine.

As with the open corneal ulcer, so also with the closed (an abscess), we must decide whether pus-formation exists and continues with symptoms of irritation, as ciliary injection, tears, photophobia, and pain; whether, when these cease, the pus-formation stops; or whether the eye is in, so to speak, a torpid condition, with increasing purulent formation. In the first case everything irritating is to be kept away, and we must use local bleeding, narcotic inunctions on brow and temple, and morphine injections, cooling cathartics, etc., without, however, reducing the strength too much. Simple opening of the abscess or of the anterior chamber in addition will be indicated or demanded on the yellow color of pus showing its collecting in the anterior chamber, the cornea, or both. He perfectly agrees with Weber's advice, to make the opening with an iridectomy-knife below the abscess, thrusting up and backward, making the cut 2½‴ to 3‴. He avoids turning the knife, in coming out, to prevent too rapid evacuation of aqueous, and uses a Daviel's spoon to gradually open the wound, and has fine forceps ready to remove lumps of pus sticking in the cut. He does not consider the perfect evacuation of the abscess or chamber absolutely necessary, since quite sizable remains of pus may be absorbed or extruded within twenty-four hours. He warns against injections, formerly advised. If merely the abscess is to be opened, he uses the cataract knife, passing it through the under part of the anterior wall, making, not a cataract flap-like cut, but rather a linear or curved section. In regard to Sämisch's proposed plan of opening corneal ulcers, Arlt will not at present decide. When there are only small deposits along the edge to be released, he makes a 1-2‴ long opening on either side. Sometimes a radical cut into the cycle-shaped deposit allows the pus to escape, or two or three such cuts may be made. He uses a compressive bandage tighter at first, covering also the other eye from light, and keeping the patient, if possible, a few hours in bed. On reappearance of pus in twenty-four hours, he uses a Daviel's spoon to open the wound only when the abscess progresses or severe pain returns. When a necessity for evacuation of the pus shows itself by the third day, or later, he again punctures in the same or a neighboring place. Although the continued keeping open of the wound was recommended by Himly in 1843, yet Arlt does not greatly favor it, since he found no good result after doing it two or three times.

He has had good results from opening the

abscess, or the chamber alone, although, in spite of this, a goodly number of eyes have been lost after repeated puncture, where this result was quite unexpected. The patients were, however, all in poor condition, or affected with lachrymal blennorrhea. He always slits up the lower canaliculus and evacuates the pus in these last named cases. The excessive pain accompanying these abscesses is best relieved by opening the chamber, and warm moist applications. When pus in the chamber reaches the pupil, puncture is indicated to prevent iritic attachments and pupillary membranes, even when the condition of the cornea or pain does not seem to require it.

Iridectomy he does not so much favor from experience, perhaps, as he says, because he has regarded it as the *ultimum refugium* It is not so readily done, since the iris may be quite soft.

If, now, we have the pus in the cornea quiescent or progressing peripherically, while the eye presents no conditions of irritation, then opening the abscess or the chamber, or both, are to be thought of; but, at the same time, we must decide whether this torpor is simply local or connected with the strength or spirits of the patient. Anxiety, care, and homesickness act very depressingly, as if the vascular and nervous activity were paralyzed thereby, and hence digestion and nutrition interfered with. Out-door exercise, stimulants, iron, quinine, and mineral acids, are then in place. Warm cataplasms are to be used only under the physician's eye. Small deposits may be touched, even where there is some irritation, with a sharp pencil of nitrate of silver, to expose the pus there collected.

Above all these absolutely necessary means, Arlt holds a compressive bandage, by which he means such as shall prevent *motion of the lids* quite distinct from the usual compressive bandage of Graefe. He uses also the collodion bandage, which he spoke of in vol. ix., p. 1, when the patient strongly objects to operative interference. In regard to Sämisch's operation so successfully used by himself, Arlt speaks with some degree of reserve. He says it, as all other operations, is to be postponed so long as there is fair hope of succeeding with the lint bandage.

Reviews and Book Notices.

NOTES ON BOOKS.

——Drs. BUSEY & LEE have sent us a circular informing the profession "that on January 29th, 1872, they relinquish their connection with the *National Medical Journal*, as editors, or in any other capacity, and are not responsible for any articles that may appear in that journal. They have been driven to this course by the action of the publishers, Messrs. Judd & Detweiler, who, as the proprietors, saw fit to insist upon the insertion of an article which, *in the shape presented*, did not meet with the approval of the editors."

——We commend to our readers a very excellent essay entitled: "The Detection of Criminal Abortion, and a Study of Feticidal Drugs," by Dr. ELY VAN DE WARKER, of Syracuse, N. Y., published by James Campbell, Boston. Price 50 cents; pp. 88. It is a timely treatise, scientific and full.

BOOK NOTICES.

A Clinical Manual of the Diseases of the Ear. By LAURENCE TURNBULL, M. D., etc. With a colored lithographic plate and over one hundred illustrations on wood. Philadelphia: J .B. Lippincott & Co., 1872. 1 vol., 8 vo., cloth, pp. 486. Price, $5.

The earlier work of Dr. TURNBULL, published nearly ten years ago, treating upon nervous deafness, was received with deserved favor by the profession, and the present complete treatise on aural complaints is not less worthy of commendation.

The whole ground of otology is carefully and clearly surveyed. Beginning with some chapters on the anatomy and physiology of the organ of hearing and the laws of sound, the author proceeds to classify the diseases of the organ and to explain the methods of investigation and the means of diagnosis. The affections of the external auditory meatus are first considered, including foreign bodies, aspergillus, polypus, injuries, tumors, pruritus, etc. Several chapters are devoted to the important topic of otitis, externa, media and interna, with its allied disease, aural catarrh.

The mechanical appliances used in the diagnosis and treatment of aural affections are fully described and abundantly illustrated. Diseases of the adjacent parts, the throat, uvula, tonsils, and teeth, in their relation to diseases of the ear, form the subject of a valuable chapter. The description of nervous deafness is full and exact. The pages on deaf mutism are curious and instructive; while the general practitioner will be grateful for the résumé of the most effectual plans for treating the more frequent affections of the ear.

The volume closes with a comprehensive bibliography of the specialty arranged in chronological order. The lithographic plate represents the anatomy of the ear, and is drawn and colored with admirable fidelity. In fact the book, as a whole, is the very best work on aural complaints for the use of the general practitioner with which we are acquainted.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 17, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE SALE OF DIPLOMAS.

In another column we give a report from the columns of the Philadelphia *Inquirer* of the investigation made in this city by a committee of the Pennsylvania Legislature.

The REPORTER led off in the exposure of this nefarious business. We took great pains to procure positive and conclusive evidence against these "Universities" by getting possession of diplomas that were bought from them. Two cases were worked up until diplomas were secured for which $50 each were to be paid, C. O. D. We then offered to share the expense of purchasing them with the Faculty of the University of Pennsylvania, but they declined to aid us, and scarcely deigned to notice our communications. The possession of those diplomas now would have been worth all the other evidence that was placed before the committee.

Among the documents handed over to the committee by us were the sworn record of one diploma in a Wisconsin court, issued and signed by the Faculty of the "American University of Philadelphia," and issued to a party who had never been absent from home to attend lectures; and a lot of correspondence, sworn to, and properly attested, between a physician in Indiana and a member of the Faculty of the "Philadelphia University of Medicine and Surgery," in which the offer was distinctly made to send a diploma C. O. D., the price being $185.

It is rather humiliating to Philadelphia enterprise that the exposure of this scandal on American literature should have been mainly made by the New York newspapers. So far as we are concerned, the inability to carry out our well and successfully worked plans was the only reason that we failed to make a full exposure long ago. Proof of the sale of diplomas, such as we had secured, would have closed the doors of these "Universities" long since, and rendered their faculties amenable to law in fines and imprisonment.

THE MISSION OF SCIENCE.

There is an association in Germany of naturalists and physicians, founded nearly half a century ago by the famous physicist OKEN, and which, this last autumn, held its annual meeting at Rostock. The opening address was delivered by Prof. RUDOLPH VIRCHOW, whose name and fame are familiar to every student of medical science the world over. What he says, thousands of educated men receive almost without question, and his opinions on matters even remotely allied to the great questions of physical science, rightly command from all the most respectful attention.

His subject on the occasion referred to was the Mission of Physical Science, and it is our purpose now to examine with all that freedom which science allows, the chief points of his discourse. If in so doing we appear to diverge from the rule generally observed in this journal, of confining editorial remarks to experimental truth, and wander into the field of speculative discussion, it is because this eminent physician leads us there, and compels us to do so.

Professor VIRCHOW'S address is in fact little else than a deliberate attack upon *religion*, and not only on religion, but on all those

ideas which underlie any possible religion. It is a special plea for absolute materialism in its grossest sense; it is an argumentative denial of any belief in soul or God; it is the gauntlet cast down to all who hope or trust in faith. The mission of physical science, the professor takes it, is to wipe out all faith in God or spirit, and to erase from the mind of man all hope, trust or action, which depend upon such ideas.

This discourse, we are told, was received with "great and general applause" (*grosser allgemeiner Beifall der Versammlung*). Some three months have elapsed since it was delivered, and we have looked in vain for a word or a line against his views in the German medical periodicals.

If Professor VIRCHOW were not one of the most conspicuous of living medical teachers we would pass in silence such an address. But when he brings forward medical science especially to support these views, we shall not keep silence, lest it be supposed that we too, as his audience, accord him any applause for such statements.

That we may not misrepresent him, we shall translate from the *Berliner Klinischer Wochenschrift*, 23d October, 1871, some extracts from his address:

"When a man says: 'I am of opinion that a personal soul exists, that it is separable from the body, that it uses this body for a time, but has no absolute need of it for its own existence;—my friends, when a man says this, there is no use of reasoning with him, for there is no possibility of coming to an agreement. When I examine what is comprised under the idea of a soul, I encounter a number of organic activities, which are confined to definite regions and organs, clearly localized. Now it is impossible that the power goes elsewhere and the organ remains, for these activities are absolutely connected with the organs, and cannot be found or shown to be where those organs are not."

"Everybody agrees to this when we speak of insane persons. They say in a general way that such persons have a soul, but when it comes to specify the malady, they say: 'This one has a disease of the brain;' 'this one of the medulla,' etc. All agree that it is the organs which are diseased, not the immortal soul; but the moment we would carry this reasoning out, they say: 'We do not choose to carry physiological reasoning to that extent.'"

After some further arguments of this kind, where bitter satire is mingled with severe censure, the professor actually seems to think that it is about time to commence a downright persecution of those heterodox people who beleive in a God or a religion.

"The opposition which the so-called positive religions make is so direct (to the study of truth) that in my opinion the *law of the land* and the labor of science can no longer consider those views as exempt from attack. If the Syllabus attacks the organization of the State, the State ought to attack the Syllabus. That is the law of equal rights."

The speaker then proceeded to a direct onslaught on the Roman Catholic Church for its "new dogmas," and assured his hearers that "every dogma of a church was one more fetter binding down the human mind."

What, then, is left when all these ancient promptings to righteous life are swept away?

Hear the new gospel:

"In proportion as the individual is freed from traditional ideas and learns to think justly, as a greater number of subjects come within the reach of his mind, to that degree does he become bound to set moral aims before himself, and we may well hope that in the progress of knowledge there will be found promptings of higher moral zeal, and a source of ever increasing love of truth, honesty and uprightness in action."

Now we would be slow to oppose Professor VIRCHOW on any question of pure science, though he has proved by no means infallible, but brought to the test of experience, the ex-

pressions we have quoted are simply opposed to common fact. The study of scientific truths does not improve the morals, and everybody knows it. The world does not, and need not, expect any increased integrity from the study of chemistry, and it is an absurdity to do so. The argument from the insane is no more to the point than if we were to say, because one watch were disordered, the mechanical theory of watches is erroneous. And the opposition of religion to science is rather absurdly brought forward in a scientific address, which recommends legal enactments against religious dogmas! In point of fact, scientific men have been quite as much persecuted by their fellows as by religious teachers as any historian can show.

Notes and Comments.

A New Atomizer.

Dr. I. P. LETE, of Branford, Connecticut, has brought to the notice of the profession a new Atomizer, a cut and description of which are given below:

The instrument consists of a Spirit Lamp, A; Drum, B, connected to the Lamp with bayonet fastenings; Globe Boiler, C, resting firmly on the Drum, B, from which it is easily detached, when the Lamp and Drum form a beautiful and convenient Nurse Lamp for heating water or medicine in the sick room; above the boiler, C, is the Tray, F, or floor of the Chamber, which is formed by placing on this Tray the Shield, G; this Shield has an opening at O, which is the mouth of the instrument, and air opening at I, for the purpose of giving draft and allowing sufficient air to reduce the temperature to a point suitable for inhalation; within the Chamber, formed by the union of Tray, F, and Shield, G, is the Steam Chamber, D, with Side Tube, *a*, for the insertion of the Atomizing Tubes, H; the Cap of Steam Chamber, N, and the receptacle for the medicine to be atomized, J, from the Tube, P, connecting the Boiler, C, with the Steam Chamber, D, is a Lateral Tube, K, which may or may not be furnished with Safety Valve, L. The Safety Valve is unnecessary, as there is always a free escape of steam from the points of the Atomizing Tubes, H.

Manner of Using.

Filling the Boiler.—The cap is to be removed and the boiler filled through the steam chamber. It should be only half to two-thirds filled.

Steam Atomizing.—For using the steam atomizer, place the medicine in its receptacle, J, with the atomizing tubes, M, inserted in the side tube, *a;* light the lamp, A, and the spray will be thrown in the direction of the mouth of the instrument. The draft from the entrance of the cold air at I, will throw the spray freely from the mouth of the instrument, so that it may be inhaled with but little effort on the part of the patient. In fact, an elastic tube may be placed on the mouth of the instrument, with a glass mouth piece, and the medicine will be forced through, even if t should be several feet in length. By this addition, the patient is enabled to inhale, though the instrument be several feet from him. This enables the patient to sit with expanded chest, adding much to its efficacy.

For Medicated Vapor.—Remove the cap, N, from the steam chamber, and place within a piece of sponge, large enough to fill the diameter of the chamber, and saturate with any medicine you may wish to convert into vapor, and then, without replacing the cap, N, you may pass the steam through the sponge and you have a vapor more thoroughly representing the medicine than can be ob-

tained in any other way. This to be inhaled from the mouth of the Instrument or its attachments, as in the case of the spray.

Medicated Vapor with Spray.—Replace the cap, N, and force the medicated vapors through the atomizing tubes, and you then have an atomized medicine with the medicated vapor.

Cold Spray.—Extinguish your lamp, remove the cap or safety valve from the lateral tube, K, and force the air, by means of the hand ball apparatus attached to the tube, K, and you have a cold spray. By attachment made with a receptacle containing oxygen or other gasses, you may have your spray or vapor in connection with any gas desired. Thus you have in a compass no larger than a common Atomizer, an apparatus for *Steam Atomizing*, *Medicated Vapors, the two combined*, and *Cold Spray*, with the ability to add any gas that may be desired.

Every intelligent physician, who has examined the instrument, pronounces it far superior to any other ever invented for the purposes designed.

The Advantages Claimed for this over Other Instruments, are:

1st.—The Chamber being kept constantly warm by steam, the atomized medicines are not readily condensed.

2d.—The direct draft enables the patient to inhale with less effort.

3d.—The spray is not thrown on the face or clothing of the patient.

4th.—The attachment of glass or elastic tubing enables the patient to sit with expand-chest, adding much to the efficacy of the inhalation.

5th.—The Vapor Attachment makes it virtually two Instruments.

6th.—The instrument can be placed on a stand or table at the bedside of the patient, and the inhalation given without disturbing the patient.

7th.—Its perfect adaptation to the use of a Nurse Lamp for heating water or medicine in the sick room.

8th.—The compactness and strength of the instrument makes it easy to pack and take from place to place.

9th.—The simplicity of its construction renders it desirable for those that would be unable to use one more complex.

10th.—The cost of the instrument is but a trifle more than the ordinary atomizer, and would be cheap at double the price asked for them, adapted as it is for all forms of inhalations.

Address, Dr. I. P. LETE, at Branford, Connecticut, or through this office. The instrument can be seen at this office.

Zoo-d rmic Graf s.

M. LÉTRÉVIENT, considering the pain and possible accidents incidental to cutting skin-grafts from the human subjects, has employed "zoo-dermic" grafts cut from the skin of the belly of a dog in a place unprovided with hair. The grafts have succeeded, and he recommends the process.

Long Island College Hospital.

This is one of the best of our medical schools holding a spring session. The session begins on the 5th of March.

We are glad to learn that Dr. JOHN BYRNE, surgeon-in-chief of St. Mary's Hospital has been appointed "Clinical Professor of Gynæcology of the Long Island College Hospital, in St. Mary's Hospital." This gives the students of the college the advantage of regular clinical instruction, as a part of the regular course, in two hospitals.

Cure for the Opium Habit.

In a recent report on the condition of the English Hospital at Pekin, China, the attending physician gives a formula for "anti-opium pills." This remedy is composed of extract of hyoscyamus or henbane, extract of gentian camphor, quinine, cayenne pepper, ginger and cinnamon, with castile soap and syrup to form the mass, and liquorice powder to form the coating. The efficacy of these pills in overcoming the opium habit, and in preventing the suffering on giving up the use of that poison, is stated to have been proved in numerous cases. The native remedies it is said contain opium in some form, and most frequently the ashes of opium already smoked, and consequently are inefficacious, it being as difficult to discontinue the use of the medicine as of the drug itself.

Chloro-acetic Acid in Fibrous Growths, etc.

Dr. W. H. ATKINSON says (*Dental Cosmos*): This agent has a strong affinity for dead connective tissue, epithelial scales, indurations,

warts and fibrous growths. For correcting unhealthy and brawny faces, for which "enamels," "bloom of youth," etc., have been resorted to such an execrable extent, and producing a beautiful skin, these acids, judiciously used, stand unrivaled, dissolving off the old scales, and favoring the growth of a new supply.

Correction.

In Dr. JONES letter, in the REPORTER, Jan. 20, for *ventro-hypertrophy* read *vetro-hypertrophy*.

Treatment of Hyperpyrexia.

GILDEMEISTER and WERTHEIM (*Journal of Anatomy and Physiology*, March, 1871,) find that, when the temperature of the body is lowered by cooling, there is an increased production of carbonic acid gas, both in health and fever. In fever, however, though the cold both increases the combustion and production of heat in the body, it withdraws more heat than is produced, and therefore cools the body and does good. JUDZINOWITSCH states that perspiration has no relation to the temperature in fever. It may be increased when the temperature is lower, and decreased when it is higher, as was seen in two cases of acute rheumatism and one of pleuro-pneumonia.

Chloride of Potassium.

Dr. LANDER has substituted the chloride for the bromide of potassium in the treatment of epileptics with a success which he declares to be identical. He begins with smaller doses; but doses of 75 to 105 grains daily have been borne without inconvenience for months in succession. He states that it is more active, one-sixth of the price, and without the inconvenient secondary effects of bromide of potassium. He believes that, in the stomach, bromide is converted into chloride of potassium; and that, for many reasons, it is desirable to administer it at once in that form.

An edote of Dupuytren.

The large class of recalcitrant patients DUPUYTREN used to circumvent by means of a bell. When a patient who ought to pay left his consulting room without bestowing the customary *honorarium*, he touched a particular bell, whereupon the porter, before opening the front door, said: "I believe monsieur has forgotten his fee," and thus forced the would-be dead-head to be honest.

Death of Dr Heller.

Dr. JOHANN FLORIAN HELLER died, after a short illness, on November 21. He was 58 years of age, and had for some years past suffered from disease of the heart. He was Director of the Pathologico-Chemical Institute, and teacher of Pathological Chemistry in the Vienna University, besides having extensive employment as a Government expert. The progress of pathological chemistry has been greatly forwarded by his efforts; he was, indeed, the first who placed this branch of medical science in its proper position in Austria, and his work in this direction has obtained general recognition both at home and abroad. Clinical examination of the urine has obtained its present important position, both in hospitals and in private practice, in great part through his exertions. Latterly he has been so much employed in official duties as to be unable to publish any work, but he has continued to inspire younger inquirers with some of his own energy. His well known periodical, "*Archiv f. Pathol.-Chemie und Mikroscopie*," was continued during ten years.

Correspondence.

DOMESTIC.

Compulsory Vaccination.

EDS. MED. AND SURG. REPORTER:

I see by your valuable journal of the 20th inst., that you give Governor J. W. GEARY credit for recommending in his Annual Message, to the present Legislature, "Compulsory Vaccination" in this commonwealth; and the same credit has been accorded him by many of the leading papers of the State, since the meeting of the Legislature.

Now, I do not wish to detract any credit due from his Excellency; on the contrary, I desire to praise him for mentioning in his message the subject of "Compulsory Vaccination," and I hope that the Legislature will at once frame and pass a bill to meet the suggestion; for I know from experience that such a law would be salutary to the people af the State. But in the event of such a law being placed upon our Statute Books, I wish it to be known to the profession and the people that the idea is not an original one with the governor.

During the years 1870 and 1871 I had the honor of being a member of the Lower House of the Pennsylvania Legislature, from the 26th representative district, and at the suggestion

of the State Medical Society (of which I am a member), I introduced a bill for compulsory vaccination during the session of 1870; it was referred to the General Judiciary Committee, but it so happened that a majority of that committee were whimsical on this question. They ridiculed the idea, and, I am informed, that while considering the bill before the committee, that some of the members offered amendments, much more worthy of the suggestions of *boys* than that of *grave legislators;* and they finally alleged that for the reason that so many people in their respective districts were opposed to vaccination, that they were afraid that if the bill received a favorable recommendation from committee and passed, that they, who were candidates for reëlection, would lose votes at the next election. Hence the bill came from that committee with a *negative recommendation*, which had the effect to kill it. I only mention this as a matter of record and fact, and hope that the credit of *originally* advising compulsory vaccination will be given to the State Medical Society and the regular profession of medicine, where it properly belongs, and not to the governor of this State. W. C SHURLOCK, M. D.,

Darlington, Pa., Jan. 29, 1872.

A New Mode of Administering Copaiba.

EDS. MED. AND SURG. REPORTER:

In chronic cases of gonorrhea I have obtained the best therapeutical action of copaiba with the entire absence of its nauseating and other disagreeable effects from the administration of that drug, combined with opium in the form of a rectal suppository. The following formula I have adopted, as the suppositories made therefrom are perfectly unobjectionable.

R.	Copaibæ,	f.℥vj.
	Opii pulv.,	gr.vj.
	Olei theobromæ,	
	Cetacei,	aa. ℥jss.
	Cereæ albæ,	gr.xlv. M.

Misce secundum artem et fiant suppositoria, No. xij.

Signa.—One to be introduced into the bowel morning and night.

If constipation occurs it may be readily overcome by a moderate dose of Rochelle salts.

The very encouraging results which I have had induced me to make this communication.

J. H. WEHNER, M. D.

Germantown, Jan. 29, 1872.

Carbolic Acid in Surgery.

EDS. MED. AND SURG. REPORTER:

I wish to say a word about carbolic acid as referred to in your valuable REPORTER of January 6th, 1872. Prof. GROSS says in a clinical lecture, that "carbolic acid was a fanciful preparation that had its day." I do not believe this valuable medicine will ever be discarded, and I agree with him in doubting Mr. LISTER'S germ theory; but I believe in septic poisoning from decomposing blood and dead tissue in an open wound. The excessively absurd requirements insisted upon by LISTER—in the use of carbolic acid in surgery—are enough to disgust any one with the whole thing. By the way, if atmospheric air is so deadly, how dares Mr. LISTER take it in contact with the mucous surfaces of his bronchial passages? All that is necessary in using carbolic acid to wounds, ulcers, etc., is to apply and reapply as occasion requires, and of strength adapted to each particular case. No general rule can be laid down to meet all requirements.

Does it look probable that it can ever pass out of use while the supply lasts, when it is as we see, used in military surgery with such striking benefit, even where climatic influences are so opposed to the well-being of sick and wounded, as at present in the British army in India. It is of use in scalds and burns; ulcers and suppurating cavities; it is of use by injection in endometritis; in abortion with septic, stinky placenta, that would surely poison the whole mass of blood, but this for powerful antiseptic. In all such cases I have found it my sheet-anchor, tried and sure.

Please excuse my occupation of your valuable space, but I felt it my duty to defend my favorite "hobby," if you please, from an attack coming from such an eminent source.

A. J. JESSUP, M. D.

West Town, Orange co., N. Y.

Sulphite of Soda as a Prophylactic in Small-Pox.

EDS. MED. AND SURG. REPORTER:

In my article on the treatment of small-pox by carbolic acid and sulphite soda, I forgot to mention that I also used sulphite soda as a prophylactic, and in no instance did I have a second case in the family it was so used—no matter how severe the case under treatment was. My custom is to give from five to twenty grains of the salt, morning and evening, to every member of the family, according to age. It mattered not what the exposure to the contagion was, in no instance was another member of the family attacked.

In one case where the husband had varioloid the wife was obliged to sleep in bed with the patient or on the floor. I advised the former; gave the sulphite; notwithstanding she was not vaccinated since a child, and was very much alarmed. She had no symptoms of small-pox.

D. P. BOYER, M. D.
256 N. 9th St. Philadelphia.

January 23, 1872.

Cundurango.

This plant has been tried fully and fairly at the Middlesex Hospital, England, with utterly negative results. It is absolutely worthless.

News and Miscellany.

Investigation.

THE SALE OF BOGUS DIPLOMAS IN THIS CITY —SUBJECT INVESTIGATED BY A LEGISLATIVE COMMITTEE—EXAMINATION OF WITNESSES.

Saturday morning, at the Girard House, in this city, the senatorial committee to investigate the alleged sale of diplomas by certain medical colleges of Philadelphia, met. Senators Randall, Nagle, Sharp and Humphreys were present, the former acting as chairman. The following gentlemen were present as witnesses:—Professors C. D. Stillé and Dr. Rogers, of the University of Pennsylvania: Professor B Howard Rand, George W. Fairman, Dr. J. P. Mulford, Dr. S W. Butler, George W. Jones and R H. Nash.

It was decided that the proceedings should be public. Professor Stillé was the first gentleman examined:

Question.—Please state to the committee any information you have regarding the issue of diplomas by either or one of these colleges, or as to the manner of issuing them? Answer.—I would prefer to state first what evidence I have to support the charges that have been made against these institutions. I have evidence to show first that there have been advertisements inserted in a number of English papers, offering to procure for those who should apply, academic degrees of various kinds, from the American University of Philadelphia and University of Philadelphia. As provost of the University of Pennsylvania I took an interest in endeavoring to ferret out the truth of these charges. I have received a large number of letters from persons in England on this subject.

Dr. Stillé then read letters from Dublin, London, Yorkshire and Glasgow, all stating the writers had been approached, both by notes and by word of mouth, and told that if they would pay certain sums they could receive from these agents degrees from any one of the Universities of Philadelphia. They moreover stated that there were in England hundreds of persons claiming to be graduates of the colleges of Philadelphia, and who secured their diplomas by the payment of money. The provost presented a great accumulation of papers from far and near, containing statements about the sale of the diplomas, and communications indirectly proposing their sale, signed by Professors Sites and Buchanan of the Pine Street College.

Provost Stillé gave into the possession of the committee a number of additional letters, which he did not read. Some of them purported to come from the dean of the American University of Philadelphia, and proposed the sale of diplomas. The witness then called the attention of the committee to the act prohibiting the sale of academic degrees, approved last May, and stated that, as provost of the University of Pennsylvania, he had received one letter a week speaking of the sale of degrees in this city. At the same time he presented a copy of the regulations of the institution of which he was head, under which it granted degrees.

Q.—Do you know of any instance where any of these degrees have been sold in this country? A.—I have no other information on the subject than these papers.

Q.—What are the titles of these institutions against which these charges are made? A.—In answering this question I will read a list of the acts relating to the American University of Philadelphia, and Philadelphia University of Medicine and Surgery, and showing how they had succeeded medical schools that had been once in existence.

Q.—Where is the American University located? A.—No. 514 Pine street: I have no doubt but that some of the gentlemen connected with this establishment could explain some of the points on which we have doubts better than I.

Professor Rogers was then sworn.

Q.—Give us such information as you have upon this subject.

A.—Occupying the position of dean of the medical department of the University of Pennsylvania, the subject of the irregularity of the issuing of diplomas and of certificates, some of which profess to come from the institutions themselves, and some of which misled the persons who received them into the idea that they were receiving something from the University of Pennsylvania proper, has been a subject of very grave annoyance to me for some five years past. Very rarely, until the organization of what is now known as the "Philadelphia University of Medicine and Surgery," any communication from abroad or from our own country came to us asking for diplomas for pay; but since the organization of that institution very frequent applications, many of which I have simply thrown aside, feeling that it was hardly worth while to preserve them, have been made to us.

Quite a number of young gentlemen came to me early in the progress of our medical session representing that they have purchased in the South and South-west what were called scholarships from $35 to $75 each, under the idea that it was to the University of Pennsylvania that they were really paying the money. When they came there they found that there was an institution located on the same street (Ninth), and not very far from us, under another title, but somewhat similar to our title. Upon applying for a refunding of their money at this institution, they were told that that was their own lookout and not of the agents who sold the scholarships. So much for the deception that is practiced under a name so similar to that of the University of Pennsylvania that the difference was not discovered. In other words, it is

sailing under a trade-mark so similar to ours that it must necessarily mislead the public. In the South, I know, and I can swear to it as from statements that have been made to me, that merchants are in the habit of obtaining these certificates for a consideration so small that when they sell them, as they soon do, they make a considerable profit on them.

In the sale of these scholarships and diplomas they have been very successful in covering up their tracks, which makes it difficult to accumulate positive evidence on the subject.

Professor Rogers then read a number of letters relating to the sale of diplomas, of one of which we make a copy:

"THE GRAMMAR SCHOOL, MASHAM. }
Yorkshire, England, Feb. 27, 1871. }

SIR: The University of Philadelphia having recently conferred the honorary degree of 'LL.D." on a friend of mine, I am emboldened to ask under what circumstances an honorary degree of 'B. A.' or 'M. A.' can be conferred upon myself. I am head master of this old-established grammar school, and am about to be admitted to holy orders. I inclose a copy of my testimonials and a school prospectus.

"I am graduating at the London University, and have only the final examination to pass before I obtain the degree of 'B. A.' of that university; but as I am reading for orders I cannot expect to be able to pass that examination for a year or two at least. Under these circumstances I venture to ask you if an honorary degree can be conferred upon me *pro honoris causa* by your university?

"If you think favorably of my application, I shall be glad to learn from you the amount of the fees for the honorary 'B. A.' or 'M. A.' degree. I should be glad also to receive some information respecting the gowns and hoods worn, and, if possible, to receive a copy of the year-book for 1871. The postage of books or letters need not be prepaid unless you think proper. Trusting to receive an early reply from you, I am, sir, your faithful servant,

S. CRAWLEY, A. A. (London), F. C. S.,
Head Master Grammar School."

Q.—Do you know of your own knowledge of any diplomas being sold? A.—I have not seen any diplomas that have been sold. It is natural that those who receive them would keep them from my view.

Dr. Butler was then examined. He presented and read a number of letters relating to the sale of diplomas by the American University of Philadelphia. Also a card which was scattered broadcast, and signed by A. J. Hale, in which an offer is made to furnish the recipient with any degree from this institution, whether M. D., LL. D., Ph. D., etc., upon a written request and upon a C. O. D. basis.

He also gave the names of a number of young men who had purchased these degrees and who could be found. In addition, he presented an affieavit of Dr. Jacob P. Davis, of Indiana, sworn to and properly attested, setting forth:

"I did receive in the fall of 1869 several letters, said letters now in possession of S.W. Butler, M. D., editor of the MEDICAL AND SURGICAL REPORTER, of Philadelphia, from one L. Fairbanks, of No. 41 S. Tenth street, president of the Art Department of the Philadelphia University of Medicine and Surgery, offering me a diploma from that Art Department for $185. No attendance on lectures required."

Dr. Butler.—I had once an opportunity to purchase two diplomas, but the University of Pennsylvania refused to go into the purchase, and I did not buy them. They were to cost $50 each.

Professor Rodgers.—We refused not because of the price, but because the operation might make us *particeps criminis* if there should be any legal proceedings.

Professor Rand, of the Jefferson Medical College, was then called. He submitted at first some documentary evidence, and then said:

Some time ago I addressed a letter to Dr. McCarthy, of Huntingdon, in which I said "I understand you are practising under an eclectic diploma, purchased in this city. If this be true we cannot admit you to this college." I have his answer in which he does not deny the truth of the charge. During last summer, —I think in June—I had a visit from a gentleman who brought me a letter of introduction from Mr. George W. Fairman, in which he stated that he was a professor of toxicology and chemistry in the Pine Street Medical College. This gentleman said that notwithstanding the recent act of the Legislature, making it a penal offense to sell diplomas, they were still being sold at that institution, and also at the institution known as the Philadelphia University. He proposed that if I would advance him one hundred dollars because of the risk he ran, or guarantee him two hundred dollars he would bring me a diploma from each institution, made out in the name of a deaf, or blind, or dumb man or child; I told him I had no authority to do so, and I would lay the matter before the faculty of our college; I did so, and they declined to act in the matter; this gentleman's name is J. Dunbar Hylton; there are two members of our class that were offered these diplomas, and I have given their names to your sergeant-at-arms in order that they may be brought to testify.

George W. Fairman, attached to the Post-office Department, stated that under a law which prevents the delivery of letters addressed to or coming from swindling concerns, a number of letters addressed to Messrs. A. J. Hale, a negotiator of diploma sales, living in Jacoby street, and Dr. Buchanan, who is concerned in the Pine street institution, he did detain them for some time, until the head of the department required us to give them up.

Connected with the post-office was also Mr. J. D. Hylton. I knew him to be allotted to the Pine Street College as the Professor of Chemistry. He came to me one day and said, "I want to make some disclosures about the sale of these diplomas to you." I said, "You had better see Professor Rand," and he consented if I would give him a letter of introduction, which I did. His interview with the professor you have heard.

Some other witnesses were examined, but their testimony did not present any additional facts. The committee then adjourned. At the next meeting of the committee a large number of witnesses will present their testimony, which it is understood, will be conclusive.

Death of Paul Dubois.

This eminent obstetrician died at Paris, December 15, in the 77th year of his age.

Cholera and Rinderpest.

The exclusion of epidemics is a curious trait. Before the Cholera appeared in Poland, says the *Medicinische Central Zeitung*, the rinderpest prevailed destructively. When the cholera came it ceased. Now that the cholera has gone it has broken out more violently than before.

International Medical Congress.

On December 16th a meeting of physicians was held in Vienna, Professor ROKITANSKY presiding, to take measures for the International Medical Congress at that city, in 1873. The following subjects for discussion at the congress were proposed: Vaccination; Cholera and Quarantine; the Regulation of Prostitution; and the Sanitary Condition of Cities. It is to be hoped that the next meeting of this congress will be more fruitful of results than the last, which was an egregious failure.

Small-pox Items.

The deaths in the city of Mexico are about one hundred and fifty a week of this disease.

At Omaha, recently, a red flag was placed in front of a house used for the reception of small-pox patients. A large crowd was attracted by it, who besieged the front door and wondered when "the auction was going to begin." When informed of the real state of the case they scattered "in double quick."

It may be sometimes beneficial to have the small-pox. At Troy, N. Y., a man who had been insane for over two years caught the contagion, and, after the usual run of the disease, recovered not only his health, but his senses, and is both physically and mentally a well man. He is a carpenter by trade, and is about to resume work.

Up to February 1st, and from October 1st, Chicago, confesses to only 80 deaths by small-pox.

QUERIES AND REPLIES.

Small-pox without Eruption.

MESSRS. EDITORS: Will you answer through the MEDICAL AND SURGICAL REPORTER the following questions?

1st. Can a person have the small-pox and varioloid without an eruption in either? 2d. If so, would either case be contagious or infectious?

There is some excitement here on the above subject. I have taken the negative of the questions. I have had some experience with the disease, and have met it in all of it phases, and I am not yet willing to entertain the opinion that a person may have the disease and not know it, or rather without feeling sick. I am not quite ready to believe that if a person had, according to Prof. Wood's practice, "variolous fever" without *any* eruption, that the person so affected would be infectious and liable to disseminate the malady, and infect all with whom the person *said* to have variolous fever might come in contact. I have looked upon the disease as *not* contagious during its stage of *incubation*, but highly so from the time of the appearance of the eruption, until the last scale has dropped from the end of the nose. I shall look with interest to the coming numbers of REPORTER for an answer to the inquiries of

Ohio. O. C. F.

REPLY.—A person may have small-pox, *variole foudroyante*, without *characteristic* eruption, and infect others. Such cases die from the poison before the rash has time to appear. On the other hand there are very mild cases where there is variolous fever *without any eruptions*. This is the *ebris variolosa* of Sydenham, the *variola sine variolis* of other authors. But it is unquestionably capable of propagating the contagion.—EDS. REPORTER.

Use of Calomel.

MESSRS EDITORS: If a person takes a dose of calomel sufficient to produce a free discharge from the bowels, will enough calomel remain to salivate them, or does it ever occur that enough calomel remains in the system to produce ptyalism after it has produced a free discharge? Some affirm that it does, while others contend that it does not. J. F., M. D.

Kentucky.

MARRIAGES.

HAMILTON—REDHEAD. At Woodville, Miss., Dr. R. D. Hamilton, of Chattanooga, Tenn., and Mary Helen, only daughter of Dr. J. Redhead of Wilkinson co., Miss.

HOWARD—BATES. Jan. 3d, at the residence of the bride's father, by Rev J. A. Williams, A. Howard, Esq., and Minnie E. Bates, sister of H. O. Bates, M. D., and eldest daughter of E. and A. M. Bates, of Brockville, Ontario.

JOHNSTON—JACOBUS. December 27th, 1871, by the Rev. W. H. Benham, at the residence of the bride's father, in Penn Yan, N. Y., Dr. Robert Johnston, of Milliford, Mich., and Minnie E. Jacobus.

LEONARD—PEPPER. In this city, February 3d, by the Rev. E. A. Hoffman, D. D., James B. Leonard and Catharine T., daughter of the late Dr. William Pepper

SPARKS—BARKER. January 23d, at the Trinity M. E. Church, of Philadelphia, by Rev. P. Cline, of Pemberton, N. J., assisted by Rev. H. A. Cleveland, pastor, George W. Sparks, M. D., and Miss Jennie E. Barker, both of Philadelphia.

DEATHS.

MITCHELL. In this city, February 3d, after a lingering illness, Mary R., wife of the late Prof. Thomas D. Mitchell, M. D., of Jefferson Medical College.

MORGAN. At his residence, 246 Fulton street, (before the fire 101 Huron street,) Chicago, Illinois, Alexander J. Morgan, M. D., in his 41st year. He was a graduate of Harvard University, Mass., in 1853, and a resident of Chicago since 1855.